Case 23-13359-VFP Doc 4026 Filed 04/29/25 Entered 04/29/25 15:19:44 Desc Main Document Page 1 of 10 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY In re: Bed Bath & Beyond of California Limited Case No. 23-13371 § Liability Company § Lead Case No. 23-13359 § Debtor(s) **Post-confirmation Report** Chapter 11 Quarter Ending Date: 03/31/2025 Petition Date: 04/23/2023 Plan Confirmed Date: 09/14/2023 Plan Effective Date: 09/29/2023 This Post-confirmation Report relates to:
• Reorganized Debtor Other Authorized Party or Entity: Bed Bath & Beyond of California Limited L Name of Authorized Party or Entity /s/ Bradford J. Sandler Bradford J. Sandler, Esq. Signature of Responsible Party Printed Name of Responsible Party 04/29/2025 Pachulski Stang Ziehl & Jones LLP Date 780 Third Avenue, 34th Floor

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

New York, NY 10017-2024

Address

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Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

	Preconfirmation Professional Fees a	<u> </u>	Approved	Approved	Paid Current	Paid
			Current Quarter		Quarter	Cumulative
. F	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor	Aggregate Total	\$0	\$0	\$0	\$
1	Itemized Breakdown by Firm					
	Firm Name	Role				
i	i		\$0	\$0	\$0	\$
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i	v					
V	V					
V	vi					
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V	viii					
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					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
b.	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total			\$0	\$0	\$0	\$0	
	Itemize	ed Breakdown by Firm						
		Firm Name	F	Role				
	i				\$0	\$0	\$0	\$0
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	iii							
	iv							
	v							
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c.	All professional fees and expenses (debtor & committees)			\$0	\$0	\$0	\$0

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire			
a. Is this a final report?		Yes 🔘	No 💽
If yes, give date Final Decree was entered:			
If no, give date when the application for Final Decree is anticipated:	12/31/2025		
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?			No (

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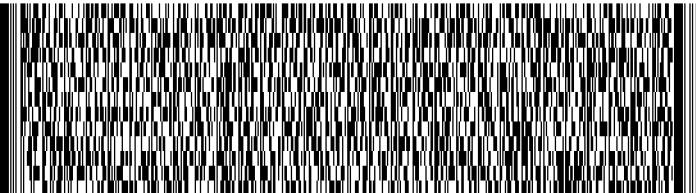
Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Michael Goldberg	Michael Goldberg, as Plan Administrator		
Signature of Responsible Party	Printed Name of Responsible Party		
Solely in his capacity as Plan Administrator	04/29/2025		
Title	Date		

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